

Commission on Aging and Disability

The Tennessee Commission on Aging and Disability was created by the Tennessee General Assembly in 1963. The commission is the designated state agency on aging and is mandated to provide leadership relative to all aging issues on behalf of older persons in the state. In 2001, the Legislature expanded the authority of the commission to provide services to adults with disabilities under age 60.

The Older Americans Act provides federal funds for administration and contracting for direct services. These services include congregate and home-delivered meals, protection of elder rights, supportive and in-home care, senior centers, transportation, and family caregiver services. The commission administers federal funds from the Centers for Medicare and Medicaid Services to operate the statewide State Health Insurance Assistance Program (SHIP), which provides consumer education and counseling about Medicare, and all other related health insurances. The commission also administers state funds for multi-purpose senior centers, public guardianship, homemaker, and personal care services and home-delivered meals. The commission serves as the operating agency for a Medicaid Waiver that provides in-home services to older persons and adults with disabilities who choose to stay at home rather than be placed in a nursing home.

TCA 71-2-104 establishes a 25 member policy-forming and decision-making board. The Governor appoints 18 members, including a member of his staff. The seven Commissioners of Health, Mental Health/Developmental Disabilities, Human Services, and Veterans Affairs and the Director of the Council on Developmental Disabilities are ex officio, voting members; and the speakers of the Senate and House of Representatives appoint one non-voting member each.

Mission Statement

As the designated state unit on aging, the Tennessee Commission on Aging and Disability is working for adults with disabilities and older Tennesseans by providing leadership and guidance for a system that promotes health, dignity, independence, and security through an array of community and in-home services, the protection of rights and the implementation of best practices.

Goals

1. By FY 2013, continue to improve the quality of life for 152,465 aging persons and other adults with disabilities by providing an array of services that include access to services, health promotion and prevention services, and in-home services.
2. By FY 2013, serve 8,000 categorically and financially eligible persons in the Statewide Waiver (SWW) for Home and Community Based Services (HCBS) who would otherwise be eligible for Level 1 Nursing Home Care, thus avoiding an average cost of \$36,156 per person per year.

Goal 1

By FY 2013, continue to improve the quality of life for aging persons and other adults with disabilities by providing an array of services that include access to services, health promotion and prevention services, and in-home services.

Strategies for Achieving Goal 1

1. Implement and monitor the approved policies, procedures, and standards for the delivery of a comprehensive information and assistance service that allows Tennesseans to make informed decisions about their long-term care support and service options.
2. Through collaboration with other state agencies, area agencies on aging and disability, and service providers, implement recommendations of the Tennessee Aging and Disability Resource Connection (ADRC) Advisory Board. These recommendations include improving phone, website, and mobility access to meet the standards defined in the Americans with Disabilities Act (ADA).
3. Enhance the statewide information technology to support the dissemination of information about aging and disability services through a user-friendly, web-based resource directory and on-line application.
4. Develop and implement a marketing plan to educate individuals, families, caregivers, and service providers to use the aging and disability information and assistance service.
5. Deliver supportive services to older Tennesseans and family caregivers in their homes and in the community that will enable them to maintain their independence through the use of federal funds provided by the Older Americans Act.
6. Deliver basic in-home services such as personal care, homemaker and home delivered meals to older Tennesseans and other adults with disabilities that will enable them to maintain their independence through the use of state funds.
7. Explore ways to address the waiting lists, including: seeking additional funding; and designing a cost-efficient “self-directed” care component as a service option to allow an individual or family to hire a person of their choice to provide care through the use of both state and federal funds.
8. Develop a state plan for Alzheimer’s disease under the direction of the General Assembly’s Alzheimer Task Force appointed by the Governor.
9. Assist senior centers in adapting to the changing demographics and needs of the baby boomer generation by assessing training needs and by providing technical assistance and training on issues such as: creative programming; seeking alternative funding sources; collaborating with community services; and volunteer recruitment, training, and retention.
10. Explore cost-saving opportunities for nutrition services by the use of standardized menus across the state and by the purchase of food in bulk by working cooperatively with area agencies on aging and disability and with nutrition service providers.
11. Provide home delivered meals and meals in congregate settings, thereby preventing malnutrition, food insecurity, loneliness, and isolation;
12. Provide Ombudsman services for older residents of all long-term care facilities in the state through district Long-Term Care Ombudsmen and a cadre of Volunteer Ombudsman Representatives (VORs) in each district.
13. Provide Guardianship services for older individuals who, due to physical or mental limitations, are unable to manage health and financial decisions and have no family, friend, bank, or corporation to act on their behalf.

14. Provide legal assistance for older individuals with issues concerning Social Security; food stamps; Medicare/Medicaid; nursing home access and care; health care power of attorney; advance care directives; adult abuse, neglect, and exploitation; housing; utilities; and age discrimination.
15. Develop and implement a statewide initiative to recruit, train, and retain volunteers to work in the elder rights programs.
16. Collaborate with state and local government agencies and community organizations to support and encourage the development of regional and statewide coalitions for the prevention of elder abuse.
17. Conduct a statewide needs assessment and submit a three-year plan to the Administration on Aging.

Performance Measure

1. The number of elderly persons or other adults with disabilities whose quality of life was improved by participating in services as reported to the Administration on Aging.

| FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2021 | FY 2013 |
|---------|---------|---------|---------|---------|---------|
| 151,865 | 152,465 | 152,465 | 152,465 | 152,465 | 152,465 |

Goal 2

By FY 2013, serve 8,000 categorically and financially eligible persons in the Statewide Waiver (SWW) for Home and Community Based Services (HCBS) who would otherwise be eligible for Level 1 Nursing Home Care, thus avoiding an average cost of \$36,156 per person per year.

Strategies for Achieving Goal 2

1. Partner with the area agencies on aging and disability, the service provider network, and TennCare to implement best practices for enrolling consumers and providing in-home services for all Waiver enrollees through streamlining processes, using technology, and providing training and technical assistance to service provider agencies and workers.
2. Partner with the area agencies on aging and disability to expand the service provider network by increasing the number of qualified providers from which enrollees can choose.
3. Provide information and education to consumers and service providers about Estate Recovery in order to enable consumers to make informed decisions about using long-term care Medicaid services.

Performance Measure

1. The number of slots used for individuals served in home and community based services through the statewide waiver, thus avoiding costly institutional long-term care.

| FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2012 | FY 2013 |
|--|--|---|---|---|---|
| 3,700 | 6,000 | 6,500 | 7,000 | 7,500 | 8,000 |
| \$50,166,450 fed. funds/ \$16,722,150 state funds | \$81,135,000 fed. funds/ \$27,117,000 state funds | \$176,260,500 fed. funds/ \$58,753,500 state funds | \$189,819,000 fed. funds/ \$63,273,000 state funds | \$203,377,500 fed. funds/ \$67,792,500 state funds | \$216,936,000 fed. funds/ \$72,312,000 state funds |

Note: These are conservative cost avoidance estimates in FY 2008 based on only one-half of the enrollees served for a full year. Calculation: The average cost of nursing home care is \$48,156 per year minus the average cost of SWW-HCBS at \$12,000 per year equals \$36,156. That is an annual cost avoidance of \$27,117 of federal funds and \$9,039 of state funds per person per year.

Additional Agency Information

Statutory and Constitutional Objectives

The General Assembly created the Tennessee Commission on Aging in 1963 to plan, develop, and administer the Older Americans Act. The 2001 General Assembly passed Public Chapter 397, re-naming the agency the Tennessee Commission on Aging and Disability and expanding the commission's authority to include services to adults with disabilities. As the state unit on aging, the commission administers the Older Americans Act that is comprised of congregate and home delivered meals, supportive services such as access to care, in-home services, elder rights protection, community services, and health promotion, fitness, and health screenings.

Obstacles to Meeting Objectives and Delivering Services and Means of Overcoming Obstacles

Obstacle 1 - An overarching obstacle facing the aging and disability network's service delivery capability at this time is the dramatic increase in the cost of fuel over the past year and, per the federal Energy Information Administration (www.eia.doe.gov), anticipation of further increases in fuel costs for the next several years, until alternative fuel sources are developed and implemented. The combination of an increasing aging population, skyrocketing energy and food costs, and government budget constraints has already begun to manifest in volunteer resignations. With fewer volunteers to serve more people in need and fewer yet willing to serve over the next few years, it is certain that without creative solutions, those older persons in Tennessee with the least resources, and those who live in rural and/or remote areas of the state will lose services altogether. While the intent of the Older Americans Act is to ameliorate the effects of social isolation and promote well-being through the monitoring of consumer mental and physical status by volunteers or providers delivering meals or other in-home services, a reduction in resources could have serious outcomes for some vulnerable Tennesseans.

The commission will continue to seek additional resources that will target the recruitment, training, and retention of volunteers and assist them with financial support for mileage reimbursement.

Obstacle 2 - The capacity of the commission to address the emerging needs of the rapidly increasing aging population in Tennessee remains inadequate. As the baby boomers reach age 60 and become eligible for services and the “frail elderly” population continues to grow faster than any other segment of the aging population, the commission’s ability to keep up with the demand for services becomes more and more compromised. The State of Tennessee ranks 16th in the U.S. for a population 60 years of age or older (2000 Census), yet the state ranks 46th in spending for this population. The oldest baby boomers turned 60 in 2006 and the youngest baby boomers will turn 60 in 2024. Not only is the baby boom population growth a current obstacle but it will continue to be a future challenge throughout the foreseeable planning cycles.

The barriers to meeting Goals 1 and 2, above, remain, as follows: dependency on static federal funds to meet the needs of a fast-growing population; year-plus-long waiting lists comprised of consumers who are ineligible for services under the Statewide Waiver for Home and Community-Based Services, but who need immediate in-home services such as meals and personal care services; an insufficient number of qualified, well-trained staff and volunteers at both the state and local levels; and outdated technology to publicize available services, enroll consumers, and manage data.

The commission will continue to seek additional state and federal resources as additional grant opportunities become available. Current increases in the state funding for the Options program will be maximized.

Obstacle 3 - A coordinated system of services for older people and adults with disabilities is hampered by weak interagency collaboration and cooperation. The lack of integrated, compatible information technology systems is one weakness that leads to fragmentation and gaps in services. The Tennessee Aging and Disability Resource Connection (ADRC) grant project being piloted in two area agencies, which was meant to be the solution to easy access to information, options counseling, and long term care services, has not been fully developed. The ADRC website is not currently providing information about resources statewide nor does the public have access to intake or enrollment forms online as proposed.

The commission will continue to partner with the area agencies to develop the single entry point concept and improve information technology. The commission will be instrumental in working with other state entities to streamline enrollment processes for the statewide waiver.

Obstacle 4 - Federal, state, and local policies and practices do not consistently show concern for the well being of older persons and adults with disabilities.

Although improving, aging and disability issues are often ignored or not equally prioritized with other issues in state government. Federal funding requires matching funds from the state; securing matching funds can be problematic when aging and disability programs are not a priority. The commission will continue to engage policy makers in decision-making processes that elevate the needs of older citizens and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. Through the Aging and Disability Resource Center initiative, the commission is facilitating a comprehensive, reliable, accessible information and assistance service that can be replicated statewide.

Means of Maximizing Federal and Other Non-State Sources of Revenue

The commission has been instrumental in securing discretionary funding from the Administration on Aging and the Centers for Medicare and Medicaid Services as evidenced by the Alzheimer's demonstration grant and the Aging and Disability Resource Center grant.

Through the contract with TennCare, the commission will have the opportunity to increase the federal funds received for the operation of the Statewide Waiver for Home and Community Based Services, as the need arises. Once all the slots are filled in the Waiver, TennCare can apply for additional slots from the Centers for Medicare and Medicaid (CMS).

For services funded by the Administration on Aging, the following match is required: 1) Administration and Title III-E for family caregiver require a 25% match; 2) Title III-B for supportive services, Title III-C1 and Title III-C2 congregate and home-delivered meals require the state to provide a minimum match of 5% and the area agency and/or service providers to provide a minimum match of 10%; 3) Title VII ombudsman and elder abuse require no match; and 4) Title III-D for disease prevention and health promotion services requires no match.

Administration funds are taken from 5% of the total Title III grant and used by the commission at the state level. Of the remaining 95% of the Title III grant that is contracted to the area agencies, 10% is set aside for use in the area agency administration. Both of these administration funds require match at the 75/25 ratio. Any funds that are not spent during a fiscal year for administration must be rolled into funding of services in the following year with a match requirement of the same as other Title III service funding.

For years, the minimum match has been exceeded by both the commission and the area agencies. Over match at one provider can be applied to satisfy under match at another across Title III except for Title III-E family caregiver because the requirements for qualification in Title III-E are different. Options funds are allowed to be used as match in cases where the individual would also qualify for Title III support services or as Title III-E family caregiver.

The aging network places a high priority on the recruitment, training and utilization of volunteers in Ombudsman, Public Guardianship, the State Health Insurance Assistance, and Nutrition programs.

Means of Avoiding Unnecessary Costs and Expenditures

The commission has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than being cared for in a long-term care facility. The average annual cost of nursing home care per patient is significantly higher than in-home care. By providing a system for in-home services, the commission has not only championed the cause for older citizens and adults with disabilities to be cared for in the place of their choice, but has also saved taxpayers money.

The commission monitors and evaluates Area Agencies and service providers ensuring that services are provided in accordance with policies and procedures, in compliance with contract terms, and adhering to standards and best practices.

The commission cooperates with and promptly responds to all audits conducted by the State Comptroller's Office. The performance audit (sunset review) was completed in March 2007 and released on April 10, 2007. The financial and compliance audit was conducted in 2008 for July, 2005 through May, 2008. The official report has not been issued yet.

Future Challenges and Opportunities

As the baby boomer generation ages, the sheer increase in numbers of people age 60 and over requires planning that addresses all available resources and those that need to be developed for the diversity of services that will be required in the near future. This includes the design of creative approaches that address housing, transportation, adult day care and an array of other support services that provide an alternative to institutionalized care. Creating easier access to services and streamlining enrollment is a starting point for the commission.

The commission has the opportunity to attract the fast growing aging population into innovative volunteer activities. As programs grow to meet the expanding and diverse needs of the aging population, the potential pool of volunteers grows as well. These new programs require innovative volunteer recruitment, training and retention approaches in order to attract and keep the number of volunteers needed. The need for additional funding challenges the commission to explore funding options in addition to state and federal dollars. Corporations may see the need to provide adult day care services or compensation for care just as they provide childcare services now. Naturally occurring retirement communities in apartment complexes or small neighborhoods might hire service providers for case management or assisted transportation for the group. Faith-based programs are providing a number of services and should be included in the resource database. Other opportunities for private funding include shared housing or other long-term living strategies.

The commission intends to contract with the University of Tennessee Social Work Office of Research and Public Service to conduct a statewide needs assessment that will assist commission staff in developing the five-year (2009-2013) State Plan on Aging for the federal Administration on Aging. The information gained will guide future initiatives to optimally meet the needs of older Tennesseans.